



Workshop Session III

Thursday, April 28 2:15 to 5:00 p.m. Julia

Disconnected Parties

The Effects of Attachment Disorder and Early Childhood Trauma on Adolescent Behavior

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Taylor

GETTING TO KNOW YOU...



SESSION OBJECTIVES

 Explore attachment theory and attachment disorder

- Discuss types of early childhood trauma
- Investigate effects of both on adolescent behaviors
- Discover what workers and systems can do to work more effectively with these youth

ATTACHMENT IS...

- ...a deep connection established between a child and the primary caregiver(s) during the first few years of life.
- ...a physiological, emotional, cognitive and social phenomenon.
- ...what colors our relationships for the rest of our lives.
- …all about building relationships.

WHY DO WE ATTACH?

- Humans are programmed to bond.
- Those bonds can either be growth-producing or death-producing.
- If we cannot bond in loving relationships, we will bond to something else that is not so loving. (This may be the root of the addictive process.)
 - www.focusas.com
- What are some of the unhealthy bonds our youth make?

THE IMPORTANCE OF HEALTHY ATTACHMENT CANNOT BE OVEREMPHASIZED!

HEALTHY ATTACHMENT

• The child learns:

- Basic trust (a template for future relationships)
- A "secure base" allows for exploration with feelings of safety and security...leads to healthy cognitive and social development
- The ability to self-regulate, to manage impulses and emotions
- A sense of competency, self-worth, and a balance between independence and autonomy - the foundation for identity formation
- Empathy, compassion, conscience a prosocial moral framework

HEALTHY ATTACHMENT (CONT'D)

- Good self-esteem
- Independence/autonomy
- Resilience in adversity
- Impulse control
- Good relationships
- Coping skills
- Trust, intimacy, affection
- Positive belief system about self, family, society
- Empathy, compassion
- Behavioral performance/ academic success
- Promote secure attachment in their own children

DISRUPTED ATTACHMENT

- Low self-esteem
- Needy/clingy
- Decompensate in adversity
- Lack of self-control
- Unable to develop relationships
- Antisocial attitudes/behaviors
- Difficulty with trust, intimacy
- Negative, pessimistic view of self, family, society
- Lack of empathy or remorse
- Behavior and academic problems
- Perpetuate the cycle of maltreatment and attachment disorder in their own children

WHY DOES ATTACHMENT FAIL?

- Prenatal drug or alcohol abuse
- Unwanted pregnancy
- Self-centered parenting
- Sudden abandonment or separation from mother
- Physical, emotional or sexual abuse
- Physical or emotional neglect
- Repeated out-of-home placements or unstable living situations
- Poor parenting, inconsistent responses to child
- Undiagnosed or painful illnesses in infancy/early childhood

WHEN ATTACHMENT FAILS...

 The child feels unlovable and becomes isolated.

 Just as connectedness is a basic need, isolation is an injurious state.

WHEN ATTACHMENT FAILS (CONT'D)

- Biochemical consequences in the developing brain:
 - High levels of stress hormones
 - Impairs growth and development of brain and body
 - Can result in children who are:
 - Behaviorally disordered
 - Depressed
 - Apathetic
 - Slow to learn
 - Prone to chronic illness
 - More likely to be aggressive, disruptive and antisocial

Up to 80% of high risk families create severe attachment disorders in their children.

"High risk families" - abuse/neglect, poverty, substance abuse, domestic violence, history of maltreatment in parents' childhood, depression and other psychological disorders in parents.

SYMPTOMS OF ATTACHMENT DISORDER

- Superficially engaging or charming; phony behavior
- Lack of eye contact
- Oppositional and defiant behaviors
- Impulse control problems
- "Sneaky" or "bossy" personality
- Affectionate with family or others when it benefits the child
- Destructive to self, others or property
- Cruelty to animals

SYMPTOMS OF ATTACHMENT DISORDER (CONT'D)

- Lack of empathy, remorse or compassion
- Lack of self-discipline or self-control
- Obvious lying
- Stealing
- Poor peer relationships
- Inappropriately demanding or "clingy"
- Manipulative
- Learning difficulties or disorders
- Pre-occupation with fire, blood, violence, etc.

ATTACHMENT-DISORDERED
CHILDREN ARE DRIVEN ONLY BY
WHAT THEY WANT "IN THE
MOMENT."

THE FOCUS IS COMPLETELY SELF-CENTERED AND THERE IS NO CONCERN FOR HOW THEIR BEHAVIOR AFFECTS OTHERS.

"AFFECTION-LESS PSYCHOPATHY"

- The inability to form meaningful emotional relationships, coupled with chronic anger, poor impulse control, and lack of remorse.
- Teenage boys who have experienced attachment difficulties early in life are three times more likely to commit violent crimes.

ANTISOCIAL PERSONALITY DISORDER

- First personality disorder officially recognized by the field of psychiatry
- "Pervasive pattern of disregard for and violating the rights of others" (DSM-IV, 1994)
- Onset since the age of 15
- Seven definitive traits, 3 of which must be present for diagnosis

ASP (CONT'D)

- Failure to conform to social norms regarding lawful behavior...repeatedly perform actions that violate laws and are grounds for arrest.
- Deceitfulness: lying repeatedly, using aliases, conning others for personal profit or gain
- Impulsiveness: failure to plan for future; consequences are not considered

ASP (CONT'D)

- Irritability/aggressiveness: repeated arguing, fighting, assaults
- Reckless disregard for safety of self or others
- Consistent irresponsibility: repeated failure to sustain school/work behavior, honor promises or financial obligations
- Lack of remorse: indifference to hurting others or mistreating someone; rationalizing such behavior

BREAK!



THE ROLE OF TRAUMA

TRAUMA defined

- emotional shock: an extremely distressing experience that causes severe emotional shock and may have long-lasting psychological effects
- One may experience trauma as a victim, as a witness, or as a perpetrator
- There are a number of categories of trauma

THE ROLE OF TRAUMA

• Types of trauma*:

- Community and School Violence
- Complex Trauma
- Domestic Violence
- Early Childhood Trauma
- Medical Trauma
- Natural Disasters
- Neglect
- Physical Abuse
- Refugee and War Zone Trauma
- Sexual Abuse
- Terrorism
- Traumatic Grief
 - National Child Traumatic Stress Network

BEHAVIORAL RESPONSES TO TRAUMA

- Aggression
- Self-injurious behavior
- Sexualized behavior
- Increased stress and anxiety
- Increased chance of developing depression,
 PTSD and physical symptoms
- Irritability and acting out
- Detachment, emotional distancing
- Hypervigilance

TRAUMA AND BRAIN DEVELOPMENT

- The energy expended reduces the child's ability to explore the environment and master ageappropriate developmental tasks.
- A young mind occupied with the trauma is unable to learn, and school performance suffers.
- Coping with trauma interferes with the ability to form relationships with peers or others
- Fear eliminates the ability to take on challenges that would lead to growth.

TRAUMA AND BRAIN DEVELOPMENT

- Similar to the child with attachment disorder, traumatized children show changes in levels of stress hormones in the brain similar to those found among combat veterans.
- The brain has developmental tasks specific to infancy, childhood and adolescence.
 Traumatic stress at all developmental levels (chronic and sustained) leads to greater cognitive and behavioral consequences.

TRAUMA AND BRAIN DEVELOPMENT

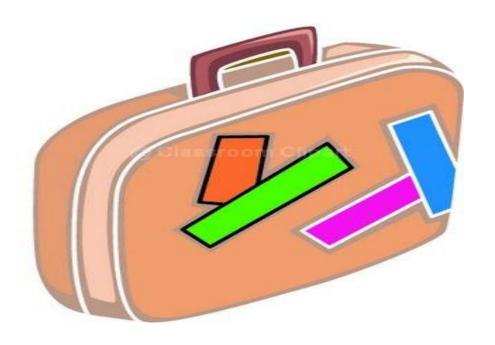
The longer traumatic stress goes untreated, the further the child will stray from appropriate developmental pathways.

National Child Traumatic Stress Network

TRAUMA REMINDERS

- Any person, place, situation, sensation, feeling or thing that reminds a child of a traumatic event.
- When faced with these reminders, a child may re-experience intense and disturbing feelings tied to the original trauma.
- Trauma reminders can lead to behaviors that seem out of place in the current situation.

THE INVISIBLE SUITCASE



- •We all carry one!
- •It's filled with beliefs about ourselves, the people who care for us, the world in general.

THE INVISIBLE SUITCASE

- For children who have experienced trauma, it's filled with negative beliefs and expectations, about themselves and about YOU.
 - I am worthless.
 - o I am always in danger of being hurt.
 - I am powerless
 - You are unreliable
 - You will hurt me, too.
- We didn't pack the suitcase, but we must understand the contents in order to help the child.

THE INVISIBLE SUITCASE

• Reenactment:

- The habit of recreating old relationships with new people.
- Evoke in caregivers some of the same reactions that traumatized children experienced with other adults, so lead to similar interactions.
- Behavior patterns have become ingrained over time..
 - They are familiar.
 - They "prove" the negative beliefs in the invisible suitcase.
 - They help the child vent frustration and anger.
 - The give the child mastery over the old traumas.

REMEMBER THE SUITCASE!

- Children have learned to elicit adult involvement through acting out and problem behavior.
- These behaviors "push our buttons" and can lead to
 - Rejection of the child
 - Abusive impulses toward the child
 - Emotional withdrawal from the child
 - Feelings of incompetence and helplessness

REMEMBER THE SUITCASE

- This can become a vicious cycle!
- The relationship is increasingly strained by frustration and anger - for both of you!
- This can lead to more negative interactions.
- And..

The suitcase just gets heavier...

LONG-TERM EFFECTS OF TRAUMATIC STRESS

- Rates of Post-Traumatic Stress Disorder nearly 5 times higher than that of the general population
- 80% face at least one mental health challenge by age 21
- More likely to develop health-risk behaviors as adults, including alcoholism, drug abuse, suicidal behavior, obesity, STDs

TRAUMA REFERRAL TOOL

A. Trauma/Loss Exposure History

	<u> </u>				A ()E : 1/01 1 11
Trauma Type					Age(s) Experienced (Check each box as appropriate – example
(Definitions attached)					sexual abuse from ages 6-9 would check 6,7,8, and 9)
	Yes	Suspected	i No	Unknown	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
Sexual Abuse or Assault/Rape					
Physical Abuse or Assault					
Emotional Abuse/Psychological Maltreatment					
Neglect					
Serious Accident or Illness/Medical Procedure					
Witness to Domestic Violence					
Victim/Witness to Community Violence					
Victim/Witness to School Violence					
Natural or Manmade Disasters					
Forced displacement					
War/Terrorism/Political Violence					
Victim/Witness to Extreme					
Personal/Interpersonal Violence					
Traumatic Grief/Separation (does not include					
placement in foster care)					
Systems Induced Trauma					

BENEFITS OF USING THE TOOL

- Provides a structure for documenting trauma exposure and severity of traumatic stress reactions
- Provides a developmental perspective on the child's trauma history
- Provides a guideline for making referral decisions, rather than arbitrary decision-making
- Could be used to facilitate case discussions between caseworkers and supervisors and/or professionals in other systems

SO...WHAT DO WE DO?

- Our goal in working with attachmentdisordered and/or trauma-exposed youth should be two-fold:
 - Support and promote positive and stable relationships in the life of the child.
 - Provide support and guidance to the child's family and caregivers

SUPPORT AND PROMOTE POSITIVE AND STABLE RELATIONSHIPS IN THE LIFE OF THE CHILD

- Being separated from an attachment figure, particularly under traumatic and uncertain circumstances, can be very stressful for a child.
- In order to form positive attachments and maintain psychological safety, establishing permanency is critical.
- Child care workers can play a huge role in encouraging and promoting the positive relationships in a child's life in minimizing the extent to which these relationships are disrupted by constant changes in placement.

PROVIDE SUPPORT AND GUIDANCE TO THE CHILD'S FAMILY AND CAREGIVERS

- Children experience their world in the context of family relationships.
- Research has demonstrated that support from their caregivers is a key factor influencing children's psychological recovery from traumatic events.
- Child care workers have some of the most challenging and emotionally draining roles in the entire child welfare system.

SO...WHAT DO WE DO? (2)

- Gather a full picture of a child's experiences and trauma history.
- Identify immediate needs and concerns in order to prioritize interventions for specific individuals.
- Identify and interview individuals or agencies to determine which are knowledgeable about trauma assessment and evidence-based treatments.
- Request regular, ongoing assessments (e.g., every three months) regarding the child's progress and symptoms.

SO...WHAT DO WE DO? (3)

- Use tools such as the Child Welfare Trauma Referral Tool to determine whether the child needs mental health treatment and, if so, what type.
- Gain a better understanding of the range of programs available in order to make informed choices when referring families to services.
- Ensure that families are referred to the most effective programs that the community provides.

SOME SPECIFIC STRATEGIES FOR CHILD CARE WORKERS

- Hold kids accountable for their behaviors.
 - Give consequences
 - Set expectations
- Provide new, positive messages
 - You are worthwhile and wanted.
 - You are safe.
 - You are capable.
 - I am available and won't reject you.
 - I am responsive and won't hurt you.
 - I will protect you.
 - I will listen and understand you.

SOME SPECIFIC STRATEGIES FOR CHILD CARE WORKERS

- Balance correction with praise (6:1).
 - Praise the simplest positive or neutral behaviors.
- Deliver consequences without negative emotions.
 - Stay calm and dispassionate when correcting.
 - Use as few words as possible, in a matter-of-fact tone.
 - Be aware of your own emotional response; if you can't respond in a calm manner, step away until you can.
 - Repeat corrections and praise as needed. Re-learning takes time!!

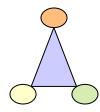
SYSTEMIC STRATEGIES

- Develop a "prevention" mindset.
- View and treat child care workers as professionals.
- Screen, recruit, RETAIN quality professionals in the youth care system, at all levels.
- Other strategies you can think of???

REFLECTIONS



• What squared with something you already knew?



• What did you see from a different angle?



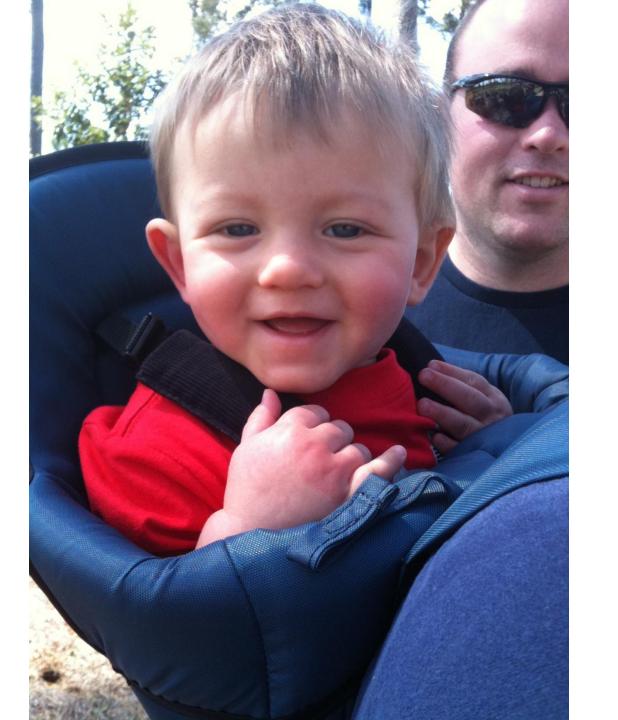
• What helped complete a circle of knowledge?



• What will take you in a new direction?

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Thank you!



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